

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

## CERTIFICATE OF DEATH

STATE  
FILE NO. 151

05006

1. DECEASED — FIRST NAME <b>Erik</b>		MIDDLE NAME <b>A</b>		LAST NAME <b>Powell</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>July 19, 2002</b>	
4a. RACE <b>Caucasian</b>		4b. IS PERSON OF SPANISH ORIGIN? 1. J. Puerto Rican 2. J. Mexican 3. J. Cuban 4. J. Central-S. American 5. J. Other & Unknown Spanish Origin <b>NO</b>		5a. AGE—LAST BIRTHDAY (Years) <b>34</b>		5b. DATE OF BIRTH (MONTH, DAY, YEAR) <b>January 17, 1968</b>		7a. COUNTY OF DEATH <b>Honolulu</b>
7a-1. ISLAND OF DEATH <b>Oahu</b>		7b. CITY, TOWN OR LOCATION OF DEATH <b>Honolulu</b>		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Queen's Medical Center</b>		7d. IF HOSP. OR INST. INDICATE DOA, OPREMER, PMA, INPATIENT (SPECIFY) <b>Inpatient</b>		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Indiana</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Mary Katherine Laughlin</b>		12. WAS DECEDENT EVER IN U.S. ARM FORCES? (Specify Yes or No) <b>No</b>
13. SOCIAL SECURITY NUMBER <b>316-92-7394</b>		14a. USUAL OCCUPATION, HAVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED <b>Film Editor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Film Industry</b>		14c. EDUCATION (Specify highest grade completed) <b>Coll 4</b>		
15a. RESIDENCE-STATE <b>Illinois</b>		15b. COUNTY <b>Cook</b>		15c. CITY, TOWN OR LOCATION <b>Chicago</b>		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>		15e. NUMBER, STREET AND ZIP <b>817 W. Lawrence Ave. 60640</b>
16. FATHER — FIRST NAME <b>Richard</b>		MIDDLE NAME		LAST NAME <b>Powell</b>		17. MOTHER — FIRST NAME <b>Betty</b>		MIDDLE NAME <b>Pudlo</b>
18a. INFORMANT — NAME <b>Mary Katherine Powell</b>		18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>817 W. Lawrence Ave., Chicago, IL 60640</b>						
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>		19b. CEMETERY OR CREMATORY-NAME <b>Burns Kish Funeral Home</b>		19c. LOCATION <b>Munster</b>		19d. STATE <b>Indiana</b>		
19e. DATE (MONTH, DAY, YEAR) <b>July 23, 2002</b>		19f. PERMIT NUMBER <b>13713</b>		20a. FUNERAL HOME-NAME <b>Williams Funeral Home</b>		20b. FUNERAL DIRECTOR-SIGNATURE <i>William A. Williams</i>		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) ▶				22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) ▶ <i>Kanthi von Guenther</i>				
21b. DATE SIGNED (MO., DAY, YR.)		21c. TIME OF DEATH		22b. DATE SIGNED (MO., DAY, YR.)		22c. TIME OF DEATH		
				July 22, 2002		1:47 p.m.		
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) <b>Kanthi von Guenther, M.D., 835 Iwilei Road, Honolulu, Hawaii 96817</b>				24b. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 2002</b>		24c. DATE FILED BY STATE REGISTRAR <b>JUL 23 2002</b>		
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		26a. AUTOPSY (YES OR NO) <b>Yes</b>						
{		26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <b>Yes</b>						
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>Accident</b>		27b. DATE OF INJURY (MONTH, DAY, YEAR) <b>July 19, 2002</b>		27c. TIME OF INJURY <b>1:10 p.m.</b>		27d. DESCRIBE HOW INJURY OCCURRED <b>The decedent was snorkeling and was later found unresponsive.</b>		
27e. INJURY AT WORK? (SPECIFY YES OR NO) <b>No</b>		27f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>Ocean</b>						
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>Waters offshore from Hanauma Bay Nature Park, 7455 Kalaniana'ole Highway, Honolulu, Hawaii</b>								

AUG 15 2002

I CERTIFY THIS IS A TRUE COPY OF  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR

EXHIBIT

"21"

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

## CERTIFICATE OF DEATH

STATE  
FILE NO. 151

1. DECEASED - FIRST NAME <b>James</b>		MIDDLE NAME <b>David</b>		LAST NAME <b>Laughlin</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>July 19, 2002</b>	
4a. RACE <b>Caucasian</b>		4b. IS PERSON OF SPANISH ORIGIN? 1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 4 <input type="checkbox"/> Central American 5 <input type="checkbox"/> Other & Unknown Spanish Origin <b>NO</b>		5a. AGE - LAST BIRTHDAY (Years) <b>38</b>		5b. UNDER 1 YR. MOS. DAYS HOURS MIN.		5c. DATE OF BIRTH (MONTH, DAY, YEAR) <b>September 23, 1963</b>
7a-1. ISLAND OF DEATH <b>Oahu</b>		7b. CITY, TOWN OR LOCATION OF DEATH <b>Honolulu</b>		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Straub Clinic and Hospital</b>		7d. IF HOSP. OR INST. INDICATE COA, OPREMER, RM., INPATIENT (SPECIFY) <b>Emergency Room</b>		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Indiana</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Raginae Gray</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>
13. SOCIAL SECURITY NUMBER <b>317-80-6367</b>		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Consultant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Information Technology</b>		14c. EDUCATION (Specify highest grade completed) <b>Coll 5+</b>		
15a. RESIDENCE-STATE <b>Indiana</b>		15b. COUNTY <b>Marion</b>		15c. CITY, TOWN OR LOCATION <b>Indianapolis</b>		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>		15e. NUMBER, STREET AND ZIP <b>5863 N. Delaware 46220</b>
16. FATHER - FIRST NAME <b>John</b>		MIDDLE NAME <b>T</b>		LAST NAME <b>Laughlin</b>		17. MOTHER - FIRST NAME <b>Eileen</b>		MAIDEN NAME <b>Smith</b>
18a. INFORMANT - NAME <b>Raginae Laughlin</b>				18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>5863 N. Delaware, Indianapolis, IN 46220</b>				
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>		19b. CEMETERY OR CREMATORY-NAME <b>Leppert and Hensley Mortuary</b>		19c. LOCATION <b>Indianapolis Indiana</b>				
19d. DATE (MONTH, DAY, YEAR) <b>July 23, 2002</b>		19e. PERMIT NUMBER <b>#3784</b>		20a. FUNERAL HOME-NAME <b>Williams Funeral Services</b>		20b. FUNERAL DIRECTOR-SIGNATURE <i>[Signature]</i>		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) ▶				22a. On the basis of examination and/or investigation, in my opinion (death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) ▶ <i>Kanthi von Guenther</i>				
21b. DATE SIGNED (MO., DAY, YR.)				21c. TIME OF DEATH				
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				22b. DATE SIGNED (MO., DAY, YR.) <b>July 22, 2002</b>				22c. TIME OF DEATH <b>1:19 p.m.</b>
				22d. PRONOUNCED DEAD (MO., DAY, YR.) <b>July 19, 2002</b>				22e. PRONOUNCED DEAD (TIME) <b>1:19 p.m.</b>
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) <b>Kanthi von Guenther, M.D., 835 Iwilei Road, Honolulu, Hawaii 96817</b>								7/24/2002
24a. REGISTRAR - SIGNATURE <i>[Signature]</i>				24b. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 2002</b>		24c. DATE FILED BY STATE REGISTRAR <b>JUL 23 2002</b>		
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE <b>Asphyxia</b>								
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
(a) <b>Drowning</b>								
(b) <b>Drowning</b>								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								26a. AUTOPSY (YES OR NO) <b>Yes</b>
								26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <b>Yes</b>
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>Accident</b>		27b. DATE OF INJURY (MONTH, DAY, YEAR) <b>July 19, 2002</b>		27c. TIME OF INJURY <b>1:10 p.m.</b>		27d. DESCRIBE HOW INJURY OCCURRED <b>The decedent was snorkeling and was later found unresponsive.</b>		
27e. INJURY AT WORK? (SPECIFY YES OR NO) <b>No</b>		27f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>Ocean</b>						
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>Waters offshore from Hanauma Bay Nature Park, 7455 Kalaniana'ole Highway, Honolulu, Hawaii</b>								

AUG -5 2002

I HAVE REVIEWED THIS COPY OF THE  
CERTIFICATE OF DEATH AND FILE IT IN  
THE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.